



LakeCounty
REGIONAL OFFICE OF EDUCATION

800 Lancer Lane Suite E-128
Grayslake, IL 60030-2656
Phone: 847/543-7833
Fax: 847/543-7832
www.lake.k12.il.us

ROYCEALEE J. WOOD
Regional Superintendent of Schools

MICHAEL MUNDA
Assistant Regional Superintendent of Schools

ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE OR TRANSCRIPT REQUEST FORM

PLEASE PRINT

DATE: _____

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Location of Test: ☐ Grayslake ☐ Waukegan

Last Name at time of Testing _____

Year of Test Completion _____

Request will not be processed without this information.

☐ Official Transcript \$10.00

☐ Certificate \$10.00

We accept personal checks or cash. Please make the check payable to the LAKE COUNTY REGIONAL OFFICE OF EDUCATION. *There will be a \$20.00 charge for returned checks.*

Transcript and/or certificate should be sent to:

Signature of Applicant
Cannot be processed without a signature

Send fee and request form to:
Lake County Regional Office of Education
800 Lancer Lane Suite E-128
Grayslake, IL 60030-2656

OFFICE USE ONLY:

Request Received _____

Amount Received _____

Transcript and/or Certificate _____

Date Issued _____

☐ Cash ☐ Check

☐ Mailed ☐ Processed in Person